UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

RANDY SOWELL,

Plaintiff,

-against-

CAPTAIN KELLY, et al.,

Defendants.

23-CV-5354 (LTS)

ORDER DIRECTING PAYMENT OF FEES OR IFP APPLICATION AND PRISONER AUTHORIZATION

LAURA TAYLOR SWAIN, Chief United States District Judge:

Plaintiff, who is currently incarcerated at Vernon C. Bain Center, brings this action *pro* se. ¹ To proceed with a civil action in this Court, a prisoner must either pay \$402.00 in fees – a \$350.00 filing fee plus a \$52.00 administrative fee – or, to request authorization to proceed *in* forma pauperis (IFP), that is, without prepayment of fees, submit a signed IFP application and a prisoner authorization. See 28 U.S.C. §§ 1914, 1915. If the Court grants a prisoner's IFP application, the Prison Litigation Reform Act requires the Court to collect the \$350.00 filing fee

¹ Plaintiff filed this action on August 1, 2022. See Sowell v Annucci, ECF 1:22-CV-6538, 1 (S.D.N.Y. filed Aug. 1, 2022). By order dated January 13, 2023, the Court directed Plaintiff to amend his complaint, (id. at ECF No. 6), and on February 13, 2023, Plaintiff filed an amended complaint against (1) Acting Commissioner Annucci; (2) former Commissioner Brann; (3) S.P.O. Brown; (4) Eric Shenkus, (5) Megan Donnovan, and (6) Kathrin S. Weigel – attorneys from Cape May, New Jersey, Public Defender Office; (7) Emily Buonadonna, an assistant prosecutor from the Cape May Prosecutor's Office; (8) the Cape May Courthouse; (9) the New York City Department of Homeless Services (DHS); (10) Captain Kelly, (11) Officer Guzman, (12) Deputy Warden Harvey, (13) Officer Caruso, (14) Captain Smart, and (15) Deputy Warden Leiter – correction officials assigned to Rikers Island; (16) New York City Department of Correction (DOC); (17) New York State Department of Corrections and Community Services (DOCCS); (18) the New York Police Department (NYPD); (19) "Public Assistance Office 14th Street"; and (20) the New York City Housing Authority Albany Houses, (id. at ECF No. 8). By order dated June 22, 2023, the Court severed the claims against DOC correction staff for allegedly unlawful conditions of confinement and retaliatory acts at DOC's facilities, in which Plaintiff names Captain Kelly, Officer Guzman, Deputy Warden Harvey, Officer Caruso, Captain Smart, Deputy Warden Leiter, and DOC as defendants. (Id. at ECF No. 11.)

in installments deducted from the prisoner's account.² See 28 U.S.C. § 1915(b)(1). A prisoner seeking to proceed in this Court without prepayment of fees must therefore authorize the Court to withdraw these payments from his account by filing a "prisoner authorization," which directs the facility where the prisoner is incarcerated to deduct the \$350.00 filing fee from the prisoner's account in installments and to send to the Court certified copies of the prisoner's account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b).

Plaintiff submitted the complaint without the filing fees or a completed IFP application and prisoner authorization. Within thirty days of the date of this order, Plaintiff must either pay the \$402.00 in fees or submit the attached IFP application and prisoner authorization. If Plaintiff submits the IFP application and prisoner authorization, they should be labeled with docket number 23-CV-5354 (LTS).³

No answer shall be required at this time. If Plaintiff complies with this order, the case shall be processed in accordance with the procedures of the Clerk's Office. If Plaintiff fails to comply with this order within the time allowed, the action will be dismissed.

² The \$52.00 administrative fee for filing a civil action does not apply to persons granted IFP status under 28 U.S.C. § 1915.

³ Plaintiff is cautioned that if a prisoner files a federal civil action or appeal that is dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, the dismissal is a "strike" under 28 U.S.C. § 1915(g). A prisoner who receives three "strikes" cannot file federal civil actions IFP as a prisoner, unless he is under imminent danger of serious physical injury, and he must pay the filing fees at the time of filing any new action.

The Court certifies under 28 U.S.C. § 1915(a)(3) that any appeal from this order would not be taken in good faith, and therefore IFP status is denied for the purpose of an appeal. *Cf. Coppedge v. United States*, 369 U.S. 438, 444–45 (1962) (holding that appellant demonstrates good faith when seeking review of a nonfrivolous issue).

SO ORDERED.

Dated: June 28, 2023

New York, New York

/s/ Laura Taylor Swain
LAURA TAYLOR SWAIN
Chief United States District Judge

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

	Il name of the plaintiff or petitioner applying (each person ust submit a separate application))	CV	()	()		
-against-		(Provide docket number, if av your complaint, you will not y				·.)		
/£.								
(TU	Il name(s) of the defendant(s)/respondent(s))							
	APPLICATION TO PROCEED WITHO	OUT PREPAYING FEE	S OR CC)ST	5			
an	m a plaintiff/petitioner in this case and declare that I d I believe that I am entitled to the relief requested in oceed in forma pauperis (IFP) (without prepaying fees the:	this action. In support of th	is applicati	ion to)			
1.	Are you incarcerated?	☐ No (If "No," go	to Questio	n 2.)				
	I am being held at:							
	Do you receive any payment from this institution?	Yes No						
	Monthly amount:							
	If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.							
2.	Are you presently employed?	☐ No						
	If "yes," my employer's name and address are:							
	Gross monthly pay or wages:							
	If "no," what was your last date of employment?							
	Gross monthly wages at the time:							
3.	In addition to your income stated above (which you living at the same residence as you received more the following sources? Check all that apply.					se		
	(a) Business, profession, or other self-employment (b) Rent payments, interest, or dividends	☐ Yes ☐ Yes		No No				

SDNY Rev: 8/5/2015

	(c) Pension, annuity, or life insurance payments			Yes			No	
	(d) Disability or worker's compensation payme	ents	Ц	Yes			No	
	(e) Gifts or inheritances			Yes		Ш	No	
	(f) Any other public benefits (unemployment, s food stamps, veteran's, etc.)	social security,		Yes			No	
	(g) Any other sources			Yes			No	
	you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.						of	
	If you answered "No" to all of the questions abo	ove, explain how	you a	are pa	ying your	· expe	enses:	
4.	How much money do you have in cash or in a checking, savings, or inmate account?							
5.	Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:							
6.	Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense:							
7.	List all people who are dependent on you for support, your relationship with each person, and how much you contribute to their support (only provide initials for minors under 18):							
8.	Do you have any debts or financial obligations not described above? If so, describe the amounts owed and to whom they are payable:							
<i>Declaration:</i> I declare under penalty of perjury that the above information is true. I understand that a false statement may result in a dismissal of my claims.								
Da	ted	Signature						
Name (Last, First, MI) Prison Identification # (if incarcerated)								
Λ -1	droce City		+2+2		7in Cada			
Ad	dress City	5	tate		Zip Code			
Te	lephone Number	E-mail Address (if	availa	able)				

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

(full	name of the plaintiff/petitioner)	_	CV		() (
-against-			(Provide docket number, if available; if filing this with your complaint, you will not yet have a docket number.)					
(full	name(s) of the defendant(s)/responden	t(s))						
	PR	ISONER AUTHO	ORIZATION					
Ву	signing below, I acknowledge	that:						
(1)	because I filed this action as a prisoner, I am required by statute (28 U.S.C. § 1915) to pay the full filing fees for this case, even if I am granted the right to proceed <i>in forma pauperis</i> (IFP), that is, without prepayment of fees;							
(2)	(2) the full \$350 filing fee will be deducted in installments from my prison account, even if my case is dismissed or I voluntarily withdraw it.							
Ιaι	thorize the agency holding m	e in custody to:						
(1)	1) send a certified copy of my prison trust fund account statement for the past six months (from my current institution or any institution in which I was incarcerated during the past six months);							
(2)	2) calculate the amounts specified by 28 U.S.C. § 1915(b), deduct those amounts from my prison trust fund, and disburse those amounts to the Court.							
	s authorization applies to any er district court to which my c			sferre	d and t	o any		
Dat	e	_	Signature					
Nar	ne (Last, First, MI)		Prison Identifi	cation :	#			
Add	Iress	City	State		Zip Coo	de		
	_							

SDNY Rev. 10/26/16

¹ A "prisoner" is "any person incarcerated or detained in any facility who is accused of, convicted of, sentenced for, or adjudicated delinquent for, violations of criminal law or the terms or conditions of parole, probation, pretrial release, or diversionary program." 28 U.S.C. § 1915(h).